

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 9

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>	B. LENGTH OF STAY IN THIS TOWN <b>28 yrs</b> IN ARIZONA <b>25 yrs</b>	2. USUAL RESIDENCE A. STATE <b>ARIZONA</b>	REGISTRAR'S NO. 9	
		(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY		
C. CITY OR TOWN <b>Chandler</b>	D. STREET (IF RURAL, GIVE LOCATION) <b>560 N. Delaware</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>560 N. Delaware</b>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (TYPE OR PRINT) <b>CARL</b>	A. (FIRST) <b>Carl</b>	B. (MIDDLE) <b>TEVAULT</b>	C. (LAST) <b>TEVAULT</b>	4. SEX <b>MALE</b>
6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH DAY YEAR <b>Unknown</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>Appx 71</b>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Unk</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>?</b>	13. SOCIAL SECURITY <b>Unk</b>
14A. FATHER'S NAME <b>Unk</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk</b>	15A. MOTHER'S MAIDEN NAME <b>Unk</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk</b>	
16. INFORMANT'S SIGNATURE <b>Personal Papers</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Jan. 31, 1959</b>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Coronary Occlusion</b> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____, THAT I LAST SAW THE DECEASED _____, AND THAT DEATH OCCURRED AT _____.		I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED _____, THAT I LAST SAW THE DECEASED _____, AND THAT DEATH OCCURRED AT _____.		
22A. SIGNATURE <b>Dr. J. J. Vigil MD</b>		22B. ADDRESS <b>Maricopa County</b>		
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Phoenix</b>		23D. DATE SIGNED <b>1/31/59</b>		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
23F. HOW DID INJURY OCCUR?		23G. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE <b>Carl B. Wootley</b>		24B. ADDRESS <b>Phoenix</b>		
24C. DATE SIGNED <b>2-6-59</b>		24D. DATE SIGNED <b>2-6-59</b>		
25A. BURIAL CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>Feb. 7, 1959</b>		
25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix</b>		
26A. DATE REC. <b>2-6-59</b>		26B. REGISTRAR'S SIGNATURE <b>Pearl Dougherty</b>		
26C. REGISTRAR'S SIGNATURE <b>Pearl Dougherty</b>		26D. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26E. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26F. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26G. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26H. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26I. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26J. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26K. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26L. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26M. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26N. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26O. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26P. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26Q. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26R. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26S. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26T. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26U. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26V. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26W. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26X. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		
26Y. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		26Z. REGISTRAR'S SIGNATURE <b>Harry J. Roman</b>		